



State of Tennessee
Department of Children's Services

RELEASE AUTHORIZATION FOR BACKGROUND INVESTIGATION

(T.C.A. 37-1-414 and T.C.A. 71-3-533)

I hereby acknowledge that as a condition of my employment application with the Department of Children's Services, or as a condition of my application as a volunteer, adoptive parent or foster parent, the Department may conduct any or all of the following investigative measures in regard to my application:

1. Obtain and review any or all investigative records for the purpose of verifying the accuracy of criminal violation information contained on my application.
2. Require me to supply fingerprint samples and/or submit to a criminal history records check to be conducted by the Tennessee Bureau of Investigation.
3. Require me to attend a comprehensive youth protection training program which includes adult training on recognition, disclosure, reporting and prevention of abuse and submit to character, employment, education and reference checks.
4. My signature below amounts to authorization of any and all of the above investigative measures set out in items one (1) through three (3) above.

Last Name		First Name		Middle Name
Street Address		City	Zip Code	
Birth/Maiden Name	Social Security No.	Place of Birth	Date of Birth	
Male	Female	Home Tel. No.	Work Tel. No.	
<input type="checkbox"/>	<input type="checkbox"/>			
DCS Program/ Site		Name and Title of DCS Contact Person		
Signature			Date	